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DATE: August 30, 2006

PTO IDENTIFIER: Application Number 10/688,780 - Conf. #9532
Patent Number

Inventor: Robert PAWLIUK et al.

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (571) 273-8300

FROM: LAHIVE & COCKFIELD, LLP

Cristin E. Howley

PHONE: (617) 227-7400

Attorney Dkt #: IOI-024

PAGES (Including Cover Sheet): 6

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Fee Transmittal (1 page, in duplicate)
Three Month Request for Extension of Time (1 page)
Certificate of Transmission (1 page)

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PTO/SB/21 (09-04)

Approved for use through 07/31/2008, OMB 0651-0031
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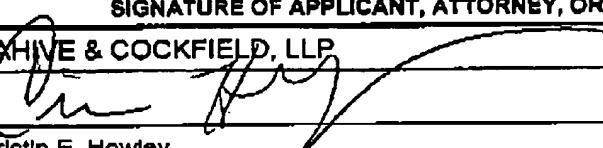
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/688,780 - Conf. #9532
		Filing Date	October 15, 2003
		First Named Inventor	Robert PAWLIAK
		Art Unit	1633
		Examiner Name	S. Kaushal
Total Number of Pages in This Submission		Attorney Docket Number	101-024

ENCLOSURES (Check all that apply)

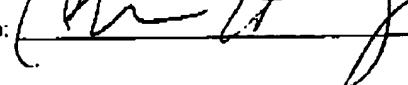
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Transmission	
			<input type="checkbox"/> Drawing(s)
			<input type="checkbox"/> Licensing-related Papers
			<input type="checkbox"/> Petition
			<input type="checkbox"/> Petition to Convert to a Provisional Application
			<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address
			<input type="checkbox"/> Terminal Disclaimer
			<input type="checkbox"/> Request for Refund
			<input type="checkbox"/> CD, Number of CD(s) _____
			<input type="checkbox"/> Landscape Table on CD
<input type="checkbox"/> Remarks In lieu of a Response, a continuation application is being filed concurrently herewith.			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	LAHIVE & COCKFIELD, LLP		
Signature			
Printed name	Cristin E. Howley		
Date	August 30, 2006	Reg. No.	55,281

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Signature:  (Cristin E. Howley)

4 003/006

AUG 30 2006

PTO/5B/17 (12-04v2)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete If Known	
Fee TRANSMITTAL For FY 2005		Application Number	10/888,780 - Conf. #9532
		Filing Date	October 15, 2003
		First Named Inventor	Robert PAWLIUK
		Examiner Name	S. Kaushal
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1633
TOTAL AMOUNT OF PAYMENT		Attorney Docket No.	IOI-024
(\$) 510.00			

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below

Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17

Charge fee(s) indicated below, except for the filing fee

Credit any overpayments

Fee Calculation

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2 EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
_____	- 20 =	_____ x _____	_____	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	_____	_____
_____	- 3 =	_____ x _____	_____	_____	_____

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)
_____ - 100 = _____ /50 _____ (round up to a whole number) x _____ = _____
_____ = _____ Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) _____
Other (e.g., late filing surcharge): #2253 Extension for response within third month 510.00

SUBMITTED BY		Registration No. (Attorney/Agent)	Telephone
Signature		55.281	(617) 227-7400
Name (Print/Type)	Cristin E. Howley		
	Date	August 30, 2006	

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PTO/SB/22 (12-04)

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Trademark Office: U.S. DEPARTMENT OF COMMERCE

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 101-024
Application Number	10/688,780 - Conf. #9532	Filed October 15, 2003
For	METHOD OF TREATING ARTHRITIS USING LENTIVIRAL VECTORS IN GENE THERAPY	
Art Unit	1633	Examiner S. Kaushal

This is a request under the provisions of 37 CFR 1.138(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ 510.00
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$

- Applicant claims small entity status. See 37 CFR 1.27.

A check in the amount of the fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director has already been authorized to charge fees in this application to a Deposit Account.

The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to
Deposit Account Number 12-0080.

I am the applicant/inventor.

1

applicant/inventor.

1

assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

1

attorney or agent of record. Registration Number 55,281

三

attorney or agent under 37 CFR 1.34.
Registration number 1, acting under 37 CFR 1.34

August 30, 2006

Date

(617) 227-7400

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

Total of 1 forms are submitted.

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Dated: August 30, 2006

Signature:

(Cristin E. Howley)

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006/006

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Application No. (if known): 10/688,780

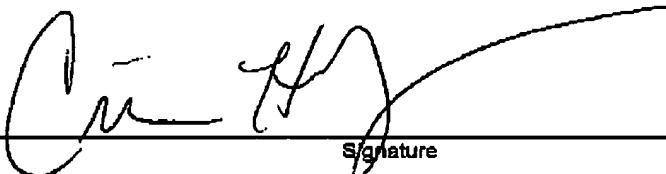
Attorney Docket No.: 101-024

Certificate of Transmission under 37 CFR 1.8

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on August 30, 2006

Date



Signature

Cristin E. HowleyTyped or printed name of person signing Certificate55,281Registration Number, if applicable(617) 227-7400Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Transmittal (1 page)

Fee Transmittal (1 page, in duplicate)

Three Month Request for Extension of Time (1 page)

This Certificate of Transmission (1 page)

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